MISSION & VISION

Mission: Healthy Mothers, Healthy Babies endeavors to improve the health, safety, and well-being of Montana families by supporting mothers and babies, age zero to three.

Vision: There will be a safe and healthy beginning for all babies in Montana.
HMHB Programs

- Essentials (Essentials for Baby): Crib/Car seat/Care items
- PURPLE (Period of PURPLE Crying Program): Shaken Baby Syndrome Prevention project
- MT-ECC (Montana Early Childhood Coalition): Partnership work
- MMH (Maternal Mental Health): Conference, protocols, resources
Essentials for Baby

- Cribs
- Car seats
- Care items

Ordered by home visitors and other family support direct workers
- Cribs delivered to the home
- Car seats installed by a technician when possible
- Care items ordered when HMHB receives a grant for a specific population, i.e. homeless teen parents

- Campaign
Impact of Essentials

- Prevents infant/child deaths
- Child abuse prevention
- Reduces risk of injury by accidents
- Reduces parental stress, which leads to increased positive parenting
Period of PURPLE Crying Program

- Montana's only universal (all babies get it) child abuse prevention program. PURPLE
- Over 90% of parents of newborns learn about PURPLE Crying in the hospital
- Important program for caregivers of babies effected by neonatal abstinence syndrome
- Training available.
Impact of PURPLE

- 100% of Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT) cases are preventable
- SBS/AHT can cause death or life-long suffering
- Non-related men are most common abuser, provides mother materials (app, booklet, dvd) to educate caregivers

**This work allows HMHB to remain connected to the birthing hospital network. We conduct annual surveys to check in on the program and help work out any challenges they may be facing.**
Montana Early Childhood Coalition (MT-ECC)

- Local coalition work
- Montana Advocates for Children
- Montana Children’s Health Data Partnership Project
- Various taskforces: Community Health Worker Advisory Council, Emergency Services for Children, State Health Improvement Planning, MOMs Leadership team, MT Access to Pediatric Psychiatry Network, MT Perinatal Association
Local Coalitions

The local coalitions are working to increase coordination and advocacy across maternal and child serving systems at the grass roots level in towns, counties, reservations and regions.

Helena, Missoula, Kalispell, Great Falls, Billings, and Polson all have subgroup activity focused on MMH

***HMHB hosts monthly meetings, agenda driven by ECC leaders***

Agenda items often include: Group sharing, Advocacy, and Special focus

State partners often join for updates.
Montana Advocates for Children (MAC)

MAC Priorities
- Public PreK: mixed delivery model
- Provider Scholarship Rate Increase
- Require Residential Rental Property Insurance and Renters’ Insurance to cover home-based child care
- Align eligibility standards for Early Head Start Child Care Partnership sites with Best Beginnings Child Care Scholarships
- Explore and address identified child care licensing challenges
- Improve mental health and substance use disorder screening and treatment in the perinatal period for mothers, infants, and caregivers
- Align Head Start and STARS Standards

MAC MEMBERS
* Head Start Association
* MT Childcare Association
* MT Assoc. for the Education of Young Children
* HMHB
* MT Childcare Resource and Referral Network
* MT KidsCOUNT
Montana Child Health Data Partnership Project
“Measuring our Collective Impact to improve MCH”

OUR CRITERIA

Criteria were developed and agreed upon by the stakeholder group through an iterative process.

IMPACT ON CHILDREN
Aligns with purpose of the project; outcome-focused; includes both risk and protective (HOPE) measures; includes domains of family well-being.

ACCESSIBLE
Easy to collect; already being collected; able to monitor.

ACTIONABLE
Relevant to urban and rural communities; community coalitions can affect.

HIGH-QUALITY
Valid sources; can be used to establish baseline; replicable (can follow over time).

CULTURALLY RELEVANT
Definitions and measures are relevant to all populations, particularly American Indian; allow for disaggregation by race where possible.

ORGANIZATIONS
- Healthy Mothers, Healthy Babies
- The Montana Institute
- The Office of the Governor of the State of Montana
- The Montana Department of Public Health and Human Services
- The Montana Children’s Trust Fund
- The Montana State University Early Childhood Project
- Kalley Family Foundation
- The Montana Healthcare Foundation
- The Montana Office of Public Instruction
- BlueCross BlueShield of Montana
- Pacific Source
- Montana Hospital Association
- Montana KidsCount
- The Montana Department of Justice
- St. Vincent Healthcare
- Rocky Mountain Tribal Epidemiology Center
- The Headwaters Foundation
- The Federal Reserve Bank of Minneapolis
- Helena Branch
- SoiGea
- ChildWise Institute

The organizations and early childhood coalition coordinators and members that participated in this planning grant:
**SELECTED SHARED MEASURES**

The following are the 10 agreed upon measures. The definitions and data source of each measure still need to be refined and identified in the next phase, but preliminary discussions and research were done to ensure data availability.

- Percentage of women who initiated prenatal care in their first trimester
- Percentage of low birth weight babies
- Percentage of women who have a post-partum visit within 60 days
- Percentage of 2-year-olds who receive immunizations on-time
- Number of children receiving evidence-based home visiting services
- Quality well-child check rates
- Number of children who attend quality child care and/or early education
- 3rd grade reading proficiency levels
- Foster care rates for children ages 0 to 5
- WIC rates for children ages 0 to 5
Maternal Mental Health (MMH)

- Increase screening
- Resource Guide support
- Training
- Conference
- Parent voice
Screening Protocol

Screening is crucial in the perinatal population

- Only 11% of patients with clinical depression present with depression as a primary complaint (Cerimele, et al., Obstet Gynecol., 2013)
- Approximately 20% of women experience depression during the perinatal period, with rates tripling for higher risk groups such as teens and women with low-income (Lancaster, 2010; Robertson, 2004)
- Universal screening is needed to reduce impact of implicit bias

https://hmhb-mt.org/for-advocates-healthcare-providers/perinatal-mental-health/
Resource Guide Support
Training

- 1-2 hours training on Perinatal Mood and Anxiety Disorders (PMADS)
  - CORE at St. Vincent’s
  - Great Beginnings Great Families Conference
  - MSU Nursing Program
Perinatal Mental Health Conference

SAVE THE DATE
VIRTUAL
PERINATAL MENTAL HEALTH CONFERENCE
NOVEMBER 2-6, 2020

Themes:
- Perinatal SUD
- Fatherhood
- Foundations of PMADs
- OCD, PTSD, and Suicidality
Parent Voice

Mother Love

is a safe space where stories are shared, wisdom is found, and healing happens.

Mother Love Happens with:
- Podcast
- Parent Groups
  ...program in development
- Future vision =
- Resource rich website
- Peer Support Training
- Bright by Text
Impact of MMH

**INDIVIDUAL**
- Most common complication of childbearing and often does not resolve on its own
- Women in childbearing age commit suicide more than any other aged women
- High amounts of shame lead to resistance in seeking treatment

**FAMILY**
- Depressed mothers often use harsher discipline
- Maternal depression is #1 cause of toxic stress (this stress leads to lifelong physical/social/emotional challenges)
- 1 in 10 fathers in relationships with someone with a PMAD will experience one, too
- Less safety precautions taken, so increased risk of injury (improper car seat use, unsafe sleep, not installing safety latches, etc.)
- Children of parents with undiagnosed/untreated mental illness are more at risk of experiencing their own mental health challenges.

**COMMUNITY**
- Over 450 trained in 2019 from over 30 counties
- MMH work groups started in 4 communities
- Protocol printed and distributed to over 225 people
- “Vetted resource lists” projects beginning
- Estimated total societal cost of untreated PMADS in the U.S. is $14.2 billion for all births in 2017 when following the mother-child pair from pregnancy through five years postpartum
Communications

- Quarterly newsletter
- Social media
- “Sharing fairies” at and between meetings = Focus on relationship and trust
- Website
- Blog